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## BIB DATA SHEET

CONFIRMATION NO. 7018

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT      | ATTORNEY DOCKET<br>NO. |
|--|---|--|---------------------|------------------------|
| 10/518,223   | 12/15/2004<br>RULE  | 514  | 1652                | 090923-0103            |
| <b>APPLICANTS</b><br>Ning Man Cheng, Hong Kong, CHINA;<br>Yun Chung Leung, Hong Kong, CHINA;<br>Wai Hung Lo, Hong Kong, CHINA;             |   |  |                     |                        |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/GB03/02665 06/20/2003<br>which claims benefit of 60/390,757 06/20/2002 |   |  |                     |                        |
| <b>** FOREIGN APPLICATIONS *****</b><br>CHINA PCT/CN02/00635 09/09/2002  |   |  |                     |                        |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>   |   |  |                     |                        |
| Foreign Priority claimed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after<br>Allowance              | STATE OR<br>COUNTRY | SHEETS<br>DRAWINGS     |
| 35 USC 119(a-d) conditions met   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | CHINA               | 46                     |
| Verified and   | /IGBAL HOSSAIN<br>CHOWDHURY/  | Initials   |                     | TOTAL<br>CLAIMS        |
| Acknowledged   | Examiner's signature  |  |                     | 6                      |
| <b>ADDRESS</b><br>FOLEY & LARDNER LLP<br>111 HUNTINGTON AVENUE<br>26TH FLOOR<br>BOSTON, MA 02199-7610<br>UNITED STATES                     |   |  |                     |                        |
| <b>TITLE</b><br>Pharmaceutical preparation and method of treatment of human malignancies with arginine deprivation                         |   |  |                     |                        |
| <b>FILING FEE<br/>RECEIVED</b><br>3400   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |                     |                        |
|  |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |                     |                        |
|  |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                     |                        |
|  |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |                     |                        |
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